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Workplace Violence Against Healthcare Workers in Health Services Organizations: Increased Violence During the COVID-19 Pandemic

Bernice Roberts Kennedy, Ph.D., APRN, PMN-CNS, BC
Researcher/Consultant

Chrishonda Kennedy-Baker, BS, MBA, Healthcare Administration

Correspondence Address: Bernice Roberts Kennedy, PhD, PMN-CNS,

Research Consultant; Advanced Practice Nurse in Psychiatric Mental Health

BRK Global Healthcare Consulting Firm, LLC

P.O. 90899
Columbia, South Carolina, 29209
e-mail brkhealthcare@gmail.com

Abstract

The healthcare environment is among the most complex and dangerous occupational hazards for healthcare workers, especially nurses. The complexity of a culture of patient-related violence and the nature of their jobs place healthcare workers at risk for violence on the job. Workplace violence is a profoundly serious global issue and continues to be a growing problem in the United States.

Workplace violence against healthcare workers has increased during the coronavirus pandemic. This paper is a brief literature review of workplace violence against healthcare workers in healthcare services organizations during the COVID-19 pandemic. The research literature was obtained from databases including PubMed, ProQuest, Research Gate, and Google Scholar. This journal article focused on the research of healthcare workers during the COVID-19 pandemic in the United States.

Healthcare administrators are responsible for ensuring a safe environment for both patients and staff. However, numerous guidelines have been developed, workplace violence continues to be at an increased rate during the coronavirus pandemic, contributing to a negative impact on staff, patients, and health services organizations. Continuous research studies are necessary to enhance the safety of healthcare workers in their diverse work environments. Also, more research is needed in healthcare settings, with limited research.

Key Words: workplace violence; healthcare workers; patient-related injuries; healthcare environment; health services organizations; physical and mental health problems; healthcare administrator; coronavirus ; pandemic; COVID-19

Introduction

The healthcare environment is the most complex and dangerous occupational hazard for healthcare workers, especially nurses (McPhaul & Lipscomb, 2004). The complexity of a culture of patient-related violence and the nature of their job duties place healthcare workers at risk for violence on the job. Workplace violence is a profoundly serious global health issue and continues to be a growing problem in the United States (Kennedy, 2020a; Kennedy, 2020b). It is a recurring and growing problem that must be addressed nationally.

Globally, the COVID-19 pandemic caused unprecedented pressure on the entire healthcare system, resulting in challenges for healthcare workers (Alameddine et al., 2021; Ramzi et al., 2022). During the COVID-19 pandemic, healthcare workers faced prolonged working hours, limited access to personal protective equipment, fear of contracting the virus, and stress over ethical and moral decisions (Ramzi et al., 2022).

Globally, healthcare workers were repeatedly reported as being attacked during the pandemic (Vento, Cainelli, & Vallone, 2020). They were attacked because of the fear of spreading SARS-CoV-2. Across the globe, during the pandemic, healthcare workers were stigmatized, ostracized, discriminated against, and physically attacked.

In the United States, healthcare providers are about 50% of all victims of workplace violence (American College of Emergency Physicians, 2021; Oerther et al., 2022). Compared to physicians, nurses are more attacked than physicians among health providers. For example, in the Emergency room, nurses (70%)

reported having been physically assaulted more compared to 47% of emergency room physicians (American College of Emergency Physicians, 2021; Oerther et al., 2022).

Workplace violence increased among nurses during the COVID-19 pandemic (American College of Emergency Physicians, 2021; Oether et al., 2022). In a National Nurses Survey (2020) of 15,000 registered nurses, about 20% of nurses reported increased workplace violence related to decreased staffing levels, changes in patient population, and visitor restrictions.

In the United States, there are approximately 15 million healthcare workers (Menendez et al., 2024). These healthcare workers include nurses, physicians, nursing aides and nursing assistants, nurse practitioners, mental health counselors, massage therapists, and pharmacy and emergency medical technicians. In 2022, women made up 85% of the 5 million support staff, including home health aides, nursing assistants, and psychiatric aides. About 50% of physicians and dentists are included as healthcare workers (Menendez et al., 2024). About 25% of healthcare workers are Black, compared to less than 10% of physicians and dentists (Menendez et al., 2024). In the United States, a large group of healthcare workers is 25 and 35 years old, and 28% were born outside the United States.

Healthcare workers are one of the fastest-growing professions in the United States (Occupational Safety and Health Administration [OSHA], 2024). In 2022, 14.7 million people aged 16 and older were employed in healthcare organizations, comprising 9.3% of the total population (OSHA, 2024). Nurses are

the largest occupation, comprising approximately 2.4 million (or about 1 in 5) healthcare workers (OSHA, 2024). Second, personal care assistants comprised 1.4 million, and nursing assistants comprised 1.2 million occupations. Also, violence is more under-reported in other industries; about 77% of violence occurs in healthcare settings (Phillip, 2016). Workplace violence consists of physical threats against an employee (Kennedy, 2020a; Kennedy, 2020b; Kennedy & Baker; Kennedy & Wider, 2020). Violence may range from threats and verbal abuse to physical assaults and homicide. Job-related deaths are the result of workplace violence. Healthcare employees are at an increased risk of being assaulted by patients, clients, and family members.

According to the Occupational Safety and Health Administration [OSHA], 2015c), numerous factors contribute to violence in healthcare. When the patient and family enter the healthcare system, they are more vulnerable and distraught because of the healthcare problem. For example, the hospital is often a stressful environment with 24-hour access (OSHA, 2015c). Nurses are front-line workers at an increased risk of experiencing violence in the workplace (Kennedy, 2020b; Kennedy & Baker, 2020). According to the Occupational Safety and Health Administration [OSHA, 2015b], nurses are assaulted while at work more than prison guards and police officers, which makes violence in healthcare rated for nearly as many injuries as in all other professions/workplaces combined.

Certain barriers that create a risk for violence in the workplace for nurses are staff shortages and increased patient acuity (McPhaul & Lipscomb, 2004).

Also, nurses and nursing assistants are more victimized because assaults are associated with patient contact time (Phillips, 2016).

Definition

Workplace violence is defined as any act or threat of physical violence, harassment, intimidation, or other threatening, disruptive behavior at the worksite (OSHA, 2024). It ranges from threats to verbal abuse to physical assaults and even homicide. Workplace violence can affect and involve employees, clients, customers, and visitors. Acts of violence and other injuries are currently the third-leading cause of fatal occupational injuries in the United States. Some common examples of physical abuse of employees by patients are physical assaults with or without the use of a weapon, verbal threats, and homicide (OSHA, 2015a).

Incidence and Prevalence

Approximately 2 million United States workers are victims of workplace violence (OSHA, 2015a). In 2016, 17% of workplace deaths occurred because of workplace violence. It is reported that 25% of workplace violence is unreported (Phillips, 2016). Workplace violence among healthcare professionals is underreported and understudied (Phillips, 2016).

According to the National Census of Fatal Occupational Injuries (CFOI, 2020), in 2017, 5,147 fatal workplace injuries occurred in the United States, and 458 were cases of intentional injury by another person. Some common physical abuse examples in employees by patients are physical assaults with or without the use of a weapon, verbal threats, and homicide (OSHA, 2015a).

Hospitals have accounted for 75% of the aggravated assaults and 95% of all assaults against healthcare workers (Phillips, 2016). The most common reasons for violent outbreaks in hospitals are long waiting times and dissatisfaction with treatment (Nevo, Peleg, Kaplan, & Freud, 2019).

Approximately 46% of nurses reported some form of workplace violence during their five most recent shifts (Phillips, 2016). About 80% of healthcare workers have been attacked by patients in emergency departments (Phillips, 2016). In emergency departments, physicians are usually the target of workplace violence (Nevo, Peleg, Kaplan, & Fredu, 2019; Phillips, 2016). Reports of violent attacks by a patient in the emergency department within the last year consist of 78% physicians and 100% nurses (Phillips, 2016).

Methods

Workplace violence against healthcare workers has increased during the coronavirus pandemic. This paper is a brief literature review of workplace violence against healthcare workers in health services organizations during the COVID-19 pandemic. The research literature was obtained from databases including PubMed, ProQuest, ResearchGate, and Google Scholar. This journal article focused on the research of healthcare workers during the COVID-19 pandemic in the United States.

Research on Violence During the COVID-19 Pandemic

The healthcare workplace is highly stressful and predisposes to violence against healthcare workers (McKay, 2020). Nurses and doctors experience 50% to 70% of workplace violence incidents in the healthcare workplace. During the

pandemic, stressful jobs, such as those in the healthcare environment, workplace violence increased (Kennedy, 2021; Kennedy, 2022). This increase in workplace violence contributed to a negative impact on staff, patients, and the health services organization.

Healthcare Workers

During the COVID-19 pandemic, workplace violence has especially increased among healthcare workers (American College of Emergency Physicians, 2021; Byon et al., 2021; Oerther et al., 2022). Dye et al. (2020) found that healthcare workers were about 50% more likely than others to have been harassed, bullied, or hurt due to COVID-19. In the United States, healthcare providers are about 50% of all victims of workplace violence (American College of Emergency Physicians, 2021; Oerther et al., 2022). Compared to physicians, nurses are attacked more than physicians among health providers. For example, in the Emergency room, nurses (70%) reported having been physically assaulted more compared to 47% of emergency room physicians (American College of Emergency Physicians, 2021; Oerther et al., 2022). Workplace violence increased among nurses during the COVID-19 pandemic (American College of Emergency Physicians, 2021; Oether et al., 2022).

According to the International Committee of the Red Cross (ICRC, 2020), during the pandemic, more than 600 incidents of violence took place against healthcare workers, patients, and the medical industry on a global level. The attacks on health workers during the emergencies were based on fear, panic, misinformation about SARS-CoV-2, and displaced anger (McKay et al., 2020).

The breakdown included 20% physical assaults, 15% fear-based discrimination, and 15% verbal assaults or threats. These violent incidents against healthcare workers occurred because of (a) fears of spreading the disease to others, (b) grieving a relative's death or fear of death, and (c) inability to complete the burial rituals because of the COVID-19 pandemic.

McGuire et al. (2021) surveyed multidisciplinary employees working in an Emergency Department during the COVID-19 pandemic on workplace violence. The participants consist of clinicians, including physicians, advanced practice providers, nursing staff, patient care assistants, and care team assistants. The results of the findings reported an increased incidence of violence during the pandemic. About 208 (80.3%) participants reported that they had been verbally abused. The participant reported experiencing physical assaults within six months mid to late pandemic (n=101; 45.7%) compared to 90 (34.7%) participants during pre and early pandemic (p=019). The increased physical assaults involved bodily fluids (e.g., spitting, coughing directly on others). However, staff prioritized the safety of the abuser because of the unprecedented period of stress, day-to-day changes in life, and uncertainty for everyone.

Physicians

In recent years, violence against physicians has increased, especially during the COVID-19 pandemic (Fine et al. 2024). They experience both physical and psychological harm. Physician abuse has a tremendous impact on the individual and the healthcare system. They reported high levels of emotional

exhaustion, lower job satisfaction, and increased burnout, leading to higher turnover.

During the pandemic, a research survey reported that in 2019, 23% of 464 United States physicians reported being attacked on social media (Larkin, 2021). During the pandemic, healthcare workers are 50% more likely to have been harassed, bullied, or hurt as a result of COVID-19 (American College of Emergency Physicians, 2021; Oerther et al., 2022).

Nurses

During the COVID-19 pandemic, workplace violence increased, especially in nursing (American College of Emergency Physicians, 2021; Byon et al., 2021; Oerther et al., 2022). Byon et al. (2021) surveyed workplace violence among registered nurses (N=373) working in hospitals during the pandemic. About 44.4% experienced physical violence, and 67.8% experienced verbal abuse. Nurses who provided direct care experienced more workplace violence than nurses who did not work directly with patients. The study reported that 1 in 10 nurses had difficulties reporting violent incidents because of the pandemic.

Registered nurses reported increased workplace violence ("National Nurses United Survey, 2020"). In November 2020, of 15,000 registered nurses across the U.S., 20% reported increased workplace violence ("National Nurses United Survey, 2020"). These violent acts were related to a staffing shortage, patient population change, and visitor restrictions. Also, health professionals were more likely to be bullied because of COVID-19 infections. They were likely asked to leave public places because of their occupation (wearing a uniform) or housing.

In the United States, in a survey of registered nurses (N=373) working in hospitals at the beginning of the pandemic, 44% and 68% of the RNs reported experiencing Type II physical violence (client-on-worker violence) and verbal abuse (Byon et al., 2021). The incidence of violence was higher among those caring for patients with COVID-19 infections than among those not caring for COVID-19 patients (Byon et al., 2021). Also, about 27.4% of the participants reported that violence during the pandemic was higher than before. However, the incidents of violence were not always reported to management. Nurses' highest reported physical violence included hitting, pinching, biting, scratching, choking, and hair-pulling. Byon et al. (2021) proposed that job requirements may contribute to their experience of increased agitation, fatigue, and burnout, making them more vulnerable to Type II violence (client-on-worker violence). Also, the lack of resources, such as reduced security staff and administrative support for violence prevention, may have contributed to increased violent incidents.

During the COVID-19 pandemic, workplace violence and high infection rates resulted in healthcare workers, especially nurses, working in untenable conditions, contributing to them moving away from the bedside because of physical, mental, and moral injuries and illnesses ("National Nurses United, 2021"). Workplace violence can lead to physical and mental harm to employees, which is exacerbated when ignored by placing blame on staff and not protecting them ("National Nurses United, 2021"). More than half of nurses and other healthcare workers (59%) reported experiencing anxiety, fear, or increased

vigilance after a workplace incident ("National Nurses United Survey, 2021"). Respondents reported difficulties working in a healthcare environment where similar incidents occurred. About 1 in 10 respondents (8%) reported psychological impacts of workplace violence resulting in their inability to work ("National Nurses United, 2021"). In this group, other health problems related to workplace violence are decreased immunity, depression, chest pain, hypertension, pain, rage, and helplessness. In addition, during the pandemic, respondents reported race-related violence and the lack of employers' preparedness to address these issues.

Public Health Workers

Tiesman et al. (2023) surveyed a nonprobability convenience sample of state, local, and tribal public health workers who completed a self-administered, online survey in April 2021. The survey link was emailed to members of national public health associations and included questions on workplace violence, demographics, workplace factors, and mental health symptoms. Results of the findings reported that during the COVID-19 pandemic, public health workers were at an increased risk for violence and harassment because of their public health work and experienced adverse mental health conditions (e.g., depression, anxiety, post-traumatic stress disorder, suicidal ideation). They experience job-related threats, harassment, and discrimination against public health workers and measure the association of these incidents with mental health symptoms during the COVID-19 pandemic.

Summary of Research Studies

Historically, workplace violence has been prevalent in health services (Jones, Sousane, & Mossburg, 2023; Kennedy, 2020a; Kennedy, 2020b; Kennedy, 2022; Kennedy & Baker, 2020). However, the incidence of violence increased in recent years during the COVID-19 pandemic. During the COVID-19 pandemic, workplace violence has especially increased among healthcare workers (American College of Emergency Physicians, 2021; Byon et al., 2021; Oerther et al., 2022). The incidence of violence was higher among those caring for patients with COVID-19 infections than among those not caring for COVID-19 patients (Byon et al., 2021). The job requirements may contribute to their experience of increased agitation, fatigue, and burnout, making them more vulnerable to Type II violence (client-on-worker violence)(Byon et al., 2021). Also, the lack of resources, such as reduced security staff and administrative support for violence prevention, may have contributed to increased violent incidents.

The healthcare workplace is highly stressful and predisposes to violence against healthcare workers (Devi, 2020; McKay, 2020). Nurses and doctors experience 50-70% of workplace violence incidents in the healthcare workplace (American College of Emergency Physicians, 2021; Oerther et al., 2022). During the pandemic, violence increased in stressful jobs in the healthcare environment.

Healthcare workers experience mental health problems (Hennein et al., 2021; Søvold et al., 2021; Tiesman et al., 2023). During the pandemic, about 50% of workplace assaults occurred in healthcare settings (Kennedy, 2021; Kennedy, 2022). Nurses reported increased workplace violence on the job related

to decreased staffing levels, changes in patient population, visitor restrictions, turnover, burnout, and lack of support. Also, there were increased behavioral health patients in the emergency department with longer wait times.

Research reported that 25% of workplace violence is unreported (Phillips, 2016). Workplace violence among healthcare professionals is underreported and understudied (Byon et al., 2021; Jones, Sousane, & Mossburg, 2023; Kennedy, 2020b; Kennedy & Baker, 2020b; Phillips, 2020b). Healthcare workers were hesitant about reporting injuries, especially when the organization's culture is based on this as a part of the job ("National Nurses United Survey, 2021"). Often, these views lead to burnout and long-term psychological trauma among staff. Healthcare administrators must ensure that employees can work effectively and safely in their jobs. Therefore, effective strategies are needed to prevent violence in the workplace.

Strategies

Violence in the workplace impacts patient outcomes, productivity, and the quality of work-life for employees (Kennedy, 2020a; Kennedy, 2020b; Kennedy & Baker, 2020; Kennedy & Wider, 2020). The consequences of violence on employees may have psychological and socio-economic effects, leading to stress, burnout, decreased productivity, and increased rates of nurse turnover (Almost, 2006; Merecz, Drabek, & Moscicka, 2009; Phillips, 2016). Overall, healthcare workers are affected emotionally by violence, including behaviors such as fear, anxiety, anger, frustration, low self-esteem, depression, and decreased job satisfaction (Grenyer, Ilkiw-Lavalle,Biro, Middleby-Clements et al., 2004, p. 804);

and physiological effects such as high blood pressure, diabetes, physical injuries, and gastrointestinal dysfunctions.

The results of violence in the workplace contribute to the increased cost in organizations (Jones, Sousane, & Mossburg, 2023; Kennedy, 2020b). The annual turnover rate of nurses related to workplace violence is estimated to be 15% to 36% (Jones, Sousane, & Mossburg, 2023; Kennedy, 2020b). Therefore, workplace violence increases the cost to the healthcare system because of staffing turnover, the cost of treating injuries, and staff time away from work.

Healthcare administrators are obligated to provide a safe environment for patients and staff. However, numerous guidelines have been developed, but workplace violence continues to be at an increased rate. Workplace violence against healthcare workers has increased during the coronavirus pandemic and continues afterward. More policy development is needed for workplace violence in the healthcare workplace (Jones, Sousane, & Mossburg, 2023; Kennedy, 2020b; Kennedy & Baker, 2020). Also, research revealed that more policy development is needed for workplace violence because of increased physical violence, verbal abuse, and the lack of reporting incidents to management (Jones, Sousane, & Mossburg, 2023; Kennedy, 2020b; Kennedy & Baker, 2020). Management needs to be aware of the risk of increased violence against healthcare workers to improve their quality of workplace life and patient outcomes, and decrease the cost to the organization. Continuous research studies and staff development for staff are needed to improve the safety of

healthcare workers in their diverse healthcare settings. Also, more research is needed in healthcare settings, with limited research.

References:

Alameddine, M., Clinton, M., Bou-Karroum, K., Richa, N., & Doumit, M.A.A. (2021). Factors associated with the resilience of nurses during the COVID-19 pandemic. *Worldviews Evidence Based Nursing*, 18(6),320-331. doi: 10.1111/wvn.12544. Epub 2021 Nov 5. PMID: 34738308; PMCID: PMC8661653

Almost, J. (2006). Conflict within nursing work environments: Concept analysis *Journal of Advanced Nursing*, 53(4), 444-453.

American College of Emergency Physicians, 2021. Violence in the Emergency Department: Resources for a Safer Workplace. ACEP // Home Page. https://www.acep.org/administration/violence-in-the-emergency-department-resources-for-a-safer-workplace/.

Byon, H.D., Sagherian, K., Kim, Y., Lipscomp, J., Crandall, M., & Steege, L. (2021).Nurses' experience with Type II workplace violence and underreporting during the COVID-19 pandemic, *American Journal of Emergency Medicine*,53:285.e1-285.e5. Doi:10.1016/j.ajem.2021.09.045. Epub 2021 Sep 23. PMID: 34602329; PMCID: PMC8457914.

Devi, S. (2020).COVID-19 exacerbates violence against health workers. The *Lance*t,396 (10252), 658, https//doi.org/10.1016/S0140-6736920) 31858-1

Dionne, G., & Dostie, B. (2007). New evidence on the determinants of absenteeism using linked employer-employee data. *Industrial and Labor Relations Review*, 61, 108–120.

Dye, T.D., Alcantara, L., Siddiqi, S., Barbosu, M., Sharma, S., Panko, T. & , Pressman, E. (2020). Risk of COVID-19-related bullying, harassment, and stigma among healthcare workers: an analytical cross-sectional global study. *BMJ Open.*10(12):e046620. doi: 10.1136/bmjopen-2020-046620. PMID: 33380488; PMCID: PMC7780430.

Fine, K.S., Attaluri ,P., Wirth, P.J., Shaffrey, E.C., & Rao, V.K.(2024). Recent Increases in violence against physicians and plastic surgeons. *Plastic Reconstructive Surgery-Global Open,* 7;12(11):e6329.

Grenyer, B., Ilkiw-Lavalle, O., Biro, P., Middleby-Clements, J., Comninos, A., & Coleman, M. (2004). Safer at work: Development and evaluation of an aggression and violence minimization program. *Australian and NewZealand Journal of Psychiatry*, 38, 804-810.

Hennein R., Gorman, H., Chung, V., & Lowe, S.R. (2023). Gender discrimination among women healthcare workers during the COVID-19 pandemic: Findings from a mixed methods study. *PLoS One*, 18 (2). e0281367. doi: 10.1371/journal.pone.0281367. PMID: 36745623; PMCID: PMC9901797.

Jones, C.B., Sousane, Z., & Mossburg, S. (2023). Addressing Workplace Violence and Creating a Safer Workplace. PSNet [internet]. Rockville (MD): Agency for Healthcare Research and Quality, US Department of Health and Human Services. 2023.

Kennedy, B. K. (2020a). The psychological development of horizontal lateral) Violence in health services. *BRK Global Healthcare Journal*, https://brkhealthcare.com brk-healthcare-journal/ doi>10.35455/brk12345678912.

Kennedy, B.R. (2020b*). Workplace violence among employees in health services: Promoting Organization Development to improve quality of work life and patient outcomes* (2nd ed.). BRK Healthcare Publications, ISBN-13:978-0-9897244

Kennedy, B.R. (2021). African American and COVID-19: A Multifaceted Model of Biopsychosocial/Spiritual/ Cultural Factors addressing disparities in increased COVID-19 infection. *Journal of Cultural Diversity*, 28 (4), 88-97.

Kennedy, B.R. (2022). COVID-19: Pandemic and mental health in America. *BRK Global Healthcare Journal*,6 (1), https://brkhealthcare.com

Kennedy, B. R. & & Baker, C.K. (2020). Workplace violence against healthcare workers in health services organization. Journal, *BRK Global Healthcare Journal 4 (1),* https://brkhealthcare.com/brkhealthcare journal/

Kennedy, B. K. & Wider, B. (2020). Workplace bullying and incivility: Using Organization Development for Improving Healthy Work-life for Employees. *BRK Global Healthcare Journal* 4 (2) https://brkhealthcare.com/brk-healthcare journal/

Larkin, H. (2021). Navigating attacks against healthcare workers in COVID-19-19 era. *Medical New & Perspectives, 325 (18), 1822- 1824*doi:10.1001/. jama.2021.2701.

McGuire, S.S., Gazley, B., Majerus, A.C., Mullan, A.F., & Clements, C.M. (2022). Impact of the COVID-19 pandemic on workplace violence at an academic emergency department. *American Journal of Emergency Medicine, 53:* 285.e1-285.e5. Doi: 10.1016/j.ajem.2021.09.045. Epub 2021 Sep 23. PMID: 34602329; PMCID: PMC8457914.

McKay, D., Heisler, M., Mishori, R., Catton, H. & Kloiber, (2020). Attacks against Healthcare personnel must stop, especially as the world fights COVID-19. *Lancet,* 395(10239). 1743–1745.

McPhaul, K., & Lipscomb, J., (2004). Workplace violence in health care: Recognized but not regulated, *Online Journal of Issues in Nursing*. 9 (3), Manuscript 6. https//: www.nursingworld.org/MainMenu

Menendez, C.C., Arespacichaga, E., Begley, R., Bhatnagar, M., Ross, P., Schaefer, M.E., Spring, C., Tisdale-Pardi, J. (2024). Prioritizing our Healthcare Workers: The Importance of Addressing the Intersection of Workplace Violence and Mental Health and Wellbeing, Centers for Disease Control and Prevention, https://blogs.cdc.gov/niosh-science-

blog/2024/05/29/hcw_violence_mh/.
Merecz, D., Drabek, M. & Moscicka, A. (2009).Aggression at the workplace psychological consequences of abusive encounters with coworkers and clients. *International Journal of Occupational Medicine and Environmental Health,* 23(3), 243-260.
National Census of Fatal Occupational Injuries (CFOI, 2020). Bureau of Labor Statistics. U.S. Department of Labor, https://www.bls.gov/news .release/archives/cfpi _12162020.pdf
National Nurses United Survey (2020).Survey of Nation's Frontline Registered Nurses Shows Hospitals Unprepared For COVID-19,https://www. nationalnursesunited.org/press/survey-nations-frontline-registered -nurses-shows-hospitals-unprepared-covid-19
National Nurses United (2021). Workplace Violence in Health Care. How the hospitals created an Occupational Syndrome. https://www.national nursesunited.org/sites/default/files/nnu/documents/1121_WPV HS_Survey_Report_FINAL.pdf
Nevo, T., Peleg, R., Kaplan, D.M. & Freud, T. (2019). Manifestations of verbal and physical violence towards doctors: a comparison between hospital and community doctors. *BMC Health Services Research,* 19 (1) 888, https://doi.org/10.1186/s12913-019-4700-
Occupational Safety and Health Administration (OSHA). (2015a). Guidelines for preventing workplace violence for healthcare and social service workers No. 3148-04R
Occupational and Safety and Health Administration (OSHA, 2015b). Preventing Workplace Violence: A Road Map for Healthcare Facilities, OSHA 3827, https://www.osha.gov/Publications/OSHA3827.pdf
Occupational and Safety and Health Administration (OSHA, 2015c). Workplace Violence in Healthcare, OSHA 3826/ https://www. osha.gov/ Publications /OSHA3826.pdf
Occupational Safety and Health Administration (OSHA) (2024). U.S. Department of Labor, Occupational Safety and Health Administration
Oerther S, Wolfe T, Lucas H, Goodyear C. (2021); Editorial: Addressing the persistent epidemic of violence against nurses. Nurse Educational Practice. doi: 10.1016/j.nepr.2021.103098. Epub 2021 May 26. PMID: 34058467;PMCID:PMC8648340.Categories/ANAMarketplace/ANA Periodicals/OJIN/TableofContents/Volume92004/No3Sept04/ ViolenceinHealthCare.aspx.
Phillips, J.P. (2016). Workplace violence against healthcare workers in the United States. *New England Journal of Medicine,* 374(17),1661-1669.
Ramzi , Z.S., Fatah, P.W., & Dalvandi, A. (2022). Prevalence of workplace violence against healthcare workers during the COVID-19 Pandemic: A Systematic review and meta-analysis. *Frontiers in Psychology*, 13:896156. doi: 10.3389/fpsyg.2022.896156. PMID: 35712196; PMCID: PMC9195416.
Søvold, L.E., Naslund, J.A., Kousoulis, A.A., Saxena, S., Qoronfleh, M.W.,

Grobler, C. & Münter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: An urgent global public health priority. *Frontier Public Health* 9:679397. doi: 0.3389/fpubh.2021.679397

The International Committee of the Red Cross (ICRC, 2020). https://www/.icrc .org/en/document/https://www.icrc.org/en/document/icrc-600-violent-incidents-recorded-against-healthcare-providers-patients-due-covid-19.

Tiesman, H.M., Hendricks, S.A., Wiegand, D.M., Lopes-Cardozo. B., Rao, C.Y., Horter, L., Rose, C.E., & Byrkit, R. (2023). Workplace violence and the mental health of Public Health Workers during COVID-19. *American Journal of Preventive Medicine*, 64(3):315-325.

Vento S., Cainelli,F., & Vallone A. (2020). Violence against healthcare workers: A worldwide phenomenon with serious consequences. *Frontier in Public Health*, 18 (8) 570459. doi: 10.3389/fpubh.2020.570459. PMID: 33072706; PMCID: PMC7531183

Bernice Roberts Kennedy, PhD, APRN, PMH-CNS, BC, *is a Research Consultant at BRK Global Healthcare Consulting Firm, LLC. She is also an Advanced Practice Nurse in Psychiatric Mental Health. P.O. 90899, Columbia, South Carolina, 29290. Dr. Kennedy may be reached at brkhealthcare@gmail.com*